

Quality of Life of Smokers Seeking Help to Quit Through Telephone Counseling

Qualidade de Vida em Tabagistas que Buscaram Auxílio para Deixar de Fumar por meio de Aconselhamento Telefônico

Calidad de Vida en los Fumadores que Buscan Ayuda para Dejar de Fumar a través de Asesoramiento Telefónico

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Abstract

Introduction: Several factors may interfere with quality of life, including problems related to the use of substances such as tobacco, which consequently affect life satisfaction. The effects of smoking that affect the quality of life serve to alert smoker and also to motivate the person to quit and maintain abstinence. **Objective:** To evaluate the quality of life of smokers who sought telephone service for information and advice about drugs by applying WHOQOL-Bref. **Method:** Cross sectional study with users of tobacco and other psychoactive substances who called to a toll-free phone number between November/2009 and December/2010. Smokers answered a questionnaire covering data on social and economic features, tobacco consumption (quantity, frequency, diagnosis and severity of dependence) and the WHOQOL-Bref was also applied. **Results:** 105 smokers were included in the study. The social and psychological domains of WHOQOL-Bref in smokers showed statistically lower values as to the reference population ($p=0.023$ and $p=0.001$, respectively). It was observed that tobacco users had lower scores than non-dependents in all WHOQOL-Bref domains, although there were no statistically significant differences between groups. All domains correlated positively and significantly with global domain, but not with the intensity of nicotine dependence. **Conclusion:** Smokers have lower levels of quality of life when compared to nonsmokers, which could be directly related to dissatisfaction with various aspects of life including happiness and well-being.

Key words: Quality of Life; Tobacco; Smoking; Telemedicine

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INTRODUCTION

One of the concepts of quality of life is to value broader parameters instead of the control of physical or psychological symptoms, the decrease of mortality or increase of life expectancy¹ only. Quality of life is related to one of the basic human desires, which is to live well and feel good. Several factors may interfere with this quality, among them the problems arising from the use of substances such as tobacco, which consequently affect life satisfaction².

The number of individuals who make use of psychoactive substances is increasing, in our country there are currently 10.1% of tobacco dependents³. In this sense there is a new possibility of research focusing on the influence on the quality of life caused by the effect of drug use. Among all substances, tobacco dependence is associated with a greater predisposition to disease and disability, resulting in decreased health and quality of life of the general population⁴. Smoking is associated with high morbidity and mortality, accounting for approximately 5 million deaths a year and it is considered by the World Health Organization (WHO)⁵ the leading cause of preventable death and the fastest one growing worldwide. About 90% of lung cancer cases in the world are attributable to smoking, this association is well established, and the cancers of the larynx and esophagus⁴ can also be highlighted.

In recent years, there has been an increase in the number of research that measures the quality of life in smokers and a common thread found in these studies was the best quality of life of non-smokers when compared to smokers⁶⁻⁷. With regard to smoking cessation, several studies have verified its association with improved quality of life⁶⁻⁷ and this result can be used as a way to motivate smokers to achieve abstinence⁷.

Quality of life has been increasingly seen as a prerequisite for the overall health of individuals, including satisfaction, happiness and well-being, so all the variables that interfere with this aspect are important for health professionals, since they interfere with the treatment of any disease, including nicotine dependence. The effects of smoking that affect quality of life and the possibility of using these effects to warn the user of its damages and to motivate them to consumption cessation and remain abstinent, justify the interest for the subject. Thus, the objective of this study was to evaluate the quality of life through the *World Health Organization Quality of Life Instrument* (WHOQOL-Bref) in smokers who sought a telemarketing service for information and guidance on drugs, called VIVAVOZ.

METHOD

A cross-sectional study was conducted with users of tobacco and other psychoactive substances. Data collection

took place between November 2009 and December 2010 through reactive phone calls to the call center of the National Service of Guidelines and Information about Drug Abuse - VIVAVOZ⁸⁻¹⁰. This phone counseling service offers free, anonymous telephone counseling and open to the Brazilian population in general. It provides guidance and information on the characteristics of psychoactive drugs, their action in the body and also on prevention of misuse⁹. Socioeconomic features and data on substances consumption (amount, period, dependence and frequency) were collected as well as the application of the WHOQOL-Bref questionnaire¹¹. The shortened version of WHOQOL-Bref is validated in Portuguese¹² and well used in studies in the Brazilian population¹³. The questionnaire consists of 26 items divided into four domains (physical, psychological, social relationships and environment) in which responses are recorded with individual scales of five points each¹¹. The Fagerström Test for nicotine dependence (FTND) was applied to evaluate the intensity of dependence. The instrument consists of six questions related to smoking, allowing the classification of dependence from very mild to very high¹⁴. The total score is calculated by the sum obtained on each question, ranging between 0 and 10 points, the higher the score, the stronger the dependence.

Telephone interaction and the application of questionnaires were carried out by undergraduate academics in health and education, previously selected and trained as the *Medical Education for the Prevention and Treatment of Alcohol Use Disorders*^{8,10} interdisciplinary model. For the application of the WHOQOL-Bref¹¹: theoretical and practical training with lecture (8h) and application of the questionnaire in pairs were held. The data were evaluated and discussed at a later stage. After this process, the students were systematically evaluated and supervised throughout the call center service⁹.

We sampled all Brazilian tobacco users, aged between 18 and 60 years who called the VIVAVOZ service during the collection period and who agreed to participate in the study, after informed consent. Those who demonstrated inability to adequately answer to the treatment protocol and to the WHOQOL-Bref or who were under the effect of drugs were excluded. Incomplete protocols were also excluded.

The interviews were conducted by telephone, following a digital guide of the protocols regarding: 1. Socioeconomic data; 2. Amount of substance consumed on average per day and Quality of Life (WHOQOL-Bref). Answers to calls were standard to all users. To ensure ethical procedures, a verbal consent form was applied to all participants, to obtain permission to use the data. Anonymity of those who used the telephone service was guaranteed. The study was approved by the Research Ethics Committee (CEP) of the Federal University of Health Sciences of Porto Alegre (UFCSPA) (09/532).

DATA ANALYSIS

A total of 105 subjects was included in study. Initially, univariate descriptive analysis of socioeconomic characteristics was performed, in which variables were ranked by frequency and percentage and quantitative variables by mean and standard deviation. For calculations of the WHOQOL-Bref questionnaire WHO references¹⁵ were used.

Specific questions regarding substances consumption, such as time of use and quantity used, were asked at the beginning. Following, criteria for dependence diagnosis were assessed. As the *National Household Survey on Drug Abuse* (ASDH) suggests, a user is considered dependent when fitting at least two of the following criteria within 12 months: a) have spent much of their time to get drugs, use them or to recover from its effects; b) have used in amounts or frequency greater than intended; c) tolerance (the need to use more amounts of the drug to produce the same effect), d) have been in situations of physical risk under effect or soon after drug effects (e.g., driving, using machinery etc.); e) have had personal problems caused by drugs (such as with family, work, police, of emotional or psychological nature); f) expressed a desire to lessen or quit the use of certain drugs. Two or more positive responses were used as the cutoff point for dependence assumption¹⁶.

In order to analyze the WHOQOL-Bref scores among smokers, the t test for a sample was carried out by comparing the scores of smokers with the scores of a sample of non-users of tobacco or other drugs that made calls to the service. Bivariate analyzes were performed through the Student's t test. Correlation between the domains of scale and between domains and nicotine dependence was performed by using Pearson's correlation. P values <0.05 were considered statistically significant and analyzes were carried out using the *Statistical Package for Social Sciences program* (SPSS) (version 18.0).

RESULTS

In the given period, 105 smokers who called VIVAVOZ and answered the WHOQOL-Bref were sampled. Of these, most smoked every day (87.1%), for more than five years (85.9%) and more than 20 cigarettes per day. Furthermore, 55.2% of smokers had moderate, high or very high intensity of nicotine dependence. The social and demographic features and other substances consumption characteristics for tobacco users are described in Table 1.

As for the domain scores of WHOQOL-Bref, it was observed that tobacco users had lower scores than non-dependents, although there are no statistically significant differences between groups (Figure 1). Likewise, there were no significant correlations between the overall score and domain scores of WHOQOL-Bref with FTND score ($p > 0.2$ for all correlations). Among those with low-

intensity dependence, the environment domain score was higher in men than in women (13.0 +2.4 and 10.6 +3.1, respectively, $p = 0.02$).

Table 2 shows the results of the scores of WHOQOL-Bref domains of the studied sample, compared to average population of nonsmokers who called the service. Psychological and social relations domains were significantly lower when compared to the reference population ($p < 0.05$).

Table 1. Features of the sample of smokers (n = 105)

Features	Frequency n (%)
Gender (n = 105)	
Female	28 (26.7%)
Male	77 (73.3%)
Marital Status (n = 103)	
Married	38 (36.9%)
Divorced	12 (11.7%)
Single	53 (51.5%)
Family Income (n = 97)	
5 to 10 minimum wages	66 (67.3%)
More than 10 minimum wages	23 (23.5%)
More than 10 minimum wages	8 (8.2%)
Occupation (n = 102)	
Retired	1 (1%)
Self employed	12 (11.8%)
Unemployed	13 (12.7%)
Housewife	6 (5.9%)
Student	4 (3.9%)
Professional of another area	66 (64.7%)
Educational Background (n = 98)	
Technical Education	3 (3.1%)
Elementary school (incomplete)	27 (27.6%)
Complete elementary education	17 (17.3%)
High school (incomplete)	13 (13.3%)
High school (complete)	29 (29.6%)
Incomplete higher education	9 (9.2%)
Age (years) (n = 105)	30.6 ± 8.3
Alcohol (n = 103)	62 (60.2)
Marijuana (n = 104)	21 (20.2)
Cocaine (n = 104)	65 (62.5)

Data are presented as n (percentage) and the age variable by mean ± standard deviation

Pearson correlation was carried out among domains (physical, psychological, social and environmental) and the between the overall domain of quality of life. All areas correlated positively and significantly with global domain ($p < 0.001$ for all), showing a correlation of strong magnitude (Table 3).

DISCUSSION

Smokers had lower scores in all domains and in the global score of WHOQOL-Bref questionnaire in comparison with the control sample of non-users of

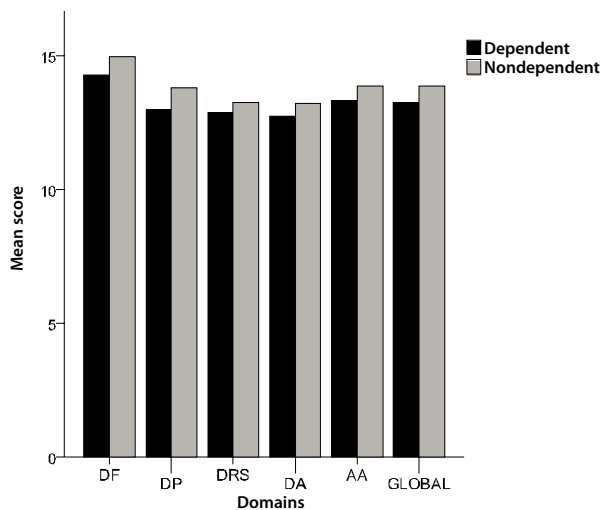


Figure 1. Overall mean score and the domains of WHOQOL-Bref between dependent and nondependent smokers
 DF: Physical domain; DP: Psychological domain; Drs: Social Relationships Domain, DA: environment domain; AA: Quality of Life self-assessment

tobacco and other drugs, although statistical differences occurred only for two domains: psychological and social relations. Smokers had lower scores in these areas reflecting low quality of life in these aspects. Castro et al.⁴ claim in their study that smokers have lower quality of life and have disabilities more often than people who never smoked. Similarly, nicotine addicts have lower level of quality of life and higher incidence of disability than individuals without dependence⁴.

There are no cut-off points that allow the classification of good or bad quality of life¹⁷ so it is necessary to perform the comparison of scores between two populations. It was not possible to confirm that smokers have lower quality of life, but smokers have worse average scores on psychological and social domains. As some psychiatric disorders such as anxiety and depression are more prevalent in smokers, these could result in poorer quality of life in the psychological aspect. Nicotine acts on neural circuits associated with mood modulation, so a smoker learns that smoking means a fast and viable strategy to deal with and control their feelings of depression and anxiety¹⁸.

In general, smokers, especially those addicted to nicotine, show a higher incidence of disabilities¹⁹, which makes them turn to smoking to relieve unpleasant feelings⁴ to the detriment of social relations or other important areas of the subject's activity. The actual diagnosis of dependence includes the idea of phasing out enjoyable activities in favor of the use of the psychoactive substance, in this case, tobacco. This may imply remoteness and isolation from family and friends. Moreover, the siege to smoking, through which more and more places become out of limits to smokers, restricts coexistence with them⁴.

Table 2. Average of domain scores of WHOQOL-Bref

Domains	Score - smokers (mean ± SD)	Score - control sample	# Significance
Physical	13.3 ± 3.0	14.2	0.508
Psychological *	13.0 ± 3.2	13.7	0.023
Social relations **	12.9 ± 4.0	14.2	0.001
Environment	12.8 ± 2.7	12.9	0.164
Self Assessment	13.3 ± 3.8	13.8	0.198
Global	13.3 ± 2.5	13.5	0.433

t-test of a sample

* $p < 0.05$ ** $p < 0.001$

Table 3. Correlation between domains and the global domain of the WHOQOL-Bref for smokers (n=105)

Domains	Physical	Psychological	Social relations **	Environmental	Self Assessment
Global Score	r = 0.820	r = 0.880	r = 0.721	r = 0.821	r = 0.661
	p < 0.001	p < 0.001	p < 0.001	p < 0.001	p < 0.001

Similarly to the study of Pereira et al.¹⁷, there is an association between the domains evaluated by the scale and the overall score of quality of life, demonstrating that changes in one or more domains may involve changes in the overall quality of life. The difference between this study and Pereira's¹⁷ is that there is a strong association, then it is possible to believe that the contribution of the four domains altogether to measure the quality of life is greater than the contribution of 36% found by the author.

The treatment of smoking is usually initiated by heavy smokers, i.e., more dependent and who have smoked for a longer period of time²⁰⁻²¹, thus they may have a health problem related to smoking that is known to interfere with the quality of life. The study corroborates the information on the characteristics of smokers seeking treatment, and the fact that there is no difference in the quality of life may be due to the lack of questions that are more specific to the problems faced by smokers. In addition, smokers may be reluctant to recognize a health problem before it has reached a higher degree of severity.

Study limitations are mainly related to the association of tobacco with other drugs, which can interfere with the increased anxiety and depression, as well with other related health problems that further undermine quality of life. Items of anxiety and depression were not assessed in this sample and it was not possible to verify whether the problems were related exclusively to the use of tobacco or other substances consumed.

Moreover, the number of individuals who were included in the study could have been larger in order to give greater significance to the results, as well as the sample could have included individuals who consume tobacco exclusively.

Another limitation refers to the fact that the telephone contact does not allow biological confirmation of drug use, as well as being a self-report of the client.

CONCLUSION

Smokers have lower indices of quality of life when compared to non-smokers, which would be directly related to dissatisfaction with various aspects of life, including happiness and well-being. The measure of quality of life is an important way to measure therapeutic results, mainly in drug users, in which many variables interfere with treatment, such as severity of dependence, psychiatric symptoms and social, familiar, physical and psychological situations.

The quality of life of smokers, especially in the psychological domain, can be hampered by the occurrence of tumors, because it is quite likely to develop depressive states and anxiety related to the reality of living with cancer. Thereafter, it would be interesting to relate, in subsequent studies, the existence of mood disorders (such as anxiety and depression) that may worsen the smoker's quality of life.

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CONTRIBUTIONS

Taís de Campos Moreira and Luciana Rizzeri Figueiró contributed to the conception and planning of the study, the collection, analysis and interpretation of data, as well as the writing, critical revision and final approval of the version; Maristela Ferigolo, Simon Fernandes and Helena MT Barros contributed to the analysis and interpretation of data, as well as the writing, critical review and final approval of the version; Melanie Czerminski Larré contributed to the conception and planning of the study, in obtaining, organizing data and final approval of the version.

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Resumo

Introdução: Diversos fatores podem interferir na qualidade de vida, entre eles os problemas advindos do uso de substâncias, como o tabaco, que por consequência afetam a satisfação com a vida. Os efeitos do tabagismo, que interferem na qualidade de vida, servem para alertar o tabagista, bem como motivá-lo a parar e manter a abstinência.

Objetivo: Avaliar a qualidade de vida por meio do WHOQOL-Bref em tabagistas que procuraram um serviço de teleatendimento para informações e orientações sobre drogas. **Método:** Estudo transversal com usuários de tabaco e outras substâncias psicoativas que ligaram para o VIVAVOZ no período de novembro/2009 a dezembro/2010. Foram coletadas características socioeconômicas, dados de consumo do tabaco (quantidade, frequência, diagnóstico e intensidade de dependência) além da aplicação do questionário WHOQOL-Bref. **Resultados:** 105 fumantes foram incluídos no estudo. Os domínios psicológicos e de relações sociais do WHOQOL-Bref em tabagistas apresentaram valores estatisticamente menores em relação à população de referência ($p=0,023$ e $p=0,001$, respectivamente). Observou-se que dependentes de tabaco apresentavam escores inferiores a não dependentes em todos os domínios do WHOQOL-Bref, embora não tenham diferenças estatisticamente significativas entre os grupos. Todos os domínios se correlacionaram positiva e significativamente com o domínio global, mas não com a intensidade de dependência.

Conclusão: Tabagistas apresentam índices inferiores de qualidade de vida, quando comparados a indivíduos não fumantes, o que estaria diretamente relacionado à insatisfação com vários domínios da vida incluindo felicidade e bem-estar.

Palavras-chave: Qualidade de Vida; Tabaco; Tabagismo; Telemedicina

Resumen

Introducción: Varios factores pueden interferir con la calidad de vida, incluidos los problemas derivados de la utilización de sustancias como el tabaco, que por lo tanto afectan la satisfacción de la vida. Los efectos del tabaquismo que afectan a la calidad de vida sirven para alertar a los fumadores, así como motivar a dejar de fumar y mantener la abstinencia.

Objetivo: Evaluar la calidad de vida por medio del WHOQOL-Bref en los fumadores que buscaban un servicio telefónico de información y asesoramiento acerca de las drogas. **Método:** Estudio transversal con los usuarios de tabaco y otras sustancias psicoactivas que llamaron a "VIVAVOZ" entre Noviembre/2009 – Diciembre/2010. Se recogieron datos socioeconómicos, el consumo de tabaco (cantidad, frecuencia, el diagnóstico y severidad de la dependencia), además de la aplicación del cuestionario WHOQOL-Bref. **Resultados:** Se incluyeron 105 fumadores en el estudio. Las áreas del WHOQOL-Bref sociales y psicológicas en los fumadores presentaron valores estadísticamente más bajos para la población de referencia ($p=0,023$ y $p=0,001$, respectivamente). Se observó que los consumidores dependientes de tabaco tenían puntuaciones más bajas que los no dependientes en todas las áreas del WHOQOL-Bref, aunque no hayan diferencias estadísticamente significativas entre los grupos. Todos los dominios se correlacionaron positivamente y significativamente con el dominio global, pero no con la intensidad de la dependencia. **Conclusión:** Los fumadores tienen niveles más bajos de calidad de vida en comparación con los no fumadores, lo que puede estar directamente relacionado con la insatisfacción con los diversos aspectos de la vida, incluyendo la felicidad y el bienestar.

Palabras clave: Calidad de Vida; Tabaco; Tabaquismo; Telemedicina